

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

19/963613
Application or Docket Number

4100-0133P

CLAIMS AS FILED - PART I

(Column 1) (Column 2) (Column 3)

TOTAL CLAIMS	9	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	9 minus 20 =	10
INDEPENDENT CLAIMS	minus 3 =	10
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		MINUS	...	
	Total	25	20	-5
	Independent	3	3	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	255.00	OR BASIC FEE	710.00
X\$ 9-		OR X\$18-	
X40-		OR X80-	
+135-		OR +270-	
TOTAL		OR TOTAL	710

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9-		OR X\$18-	250.00
X40-		OR X80-	<input checked="" type="checkbox"/>
+135-		OR +270-	<input checked="" type="checkbox"/>
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	<input checked="" type="checkbox"/>

12-22-05 (Column 1)

(Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		MINUS	...	
	Total	32	25	7
	Independent	4	3	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9-		OR X\$18-	350.00
X40-		OR X80-	100.00
+135-		OR +270-	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

(Column 1)

(Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		MINUS	...	
	Total			=
	Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9-		OR X\$18-	
X40-		OR X80-	
+135-		OR +270-	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

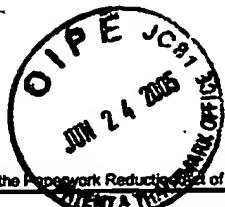
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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01 FC:1201 200.00 DA
02 FC:1202 350.00 DA



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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
Effective on 12/08/2004.

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **370.00**

Complete If Known	
Application Number	09/963,613-Conf. #9365
Filing Date	September 27, 2001
First Named Inventor	Johannes GANZERT
Examiner Name	F. O. Ferris
Art Unit	2128
Attorney Docket No.	4100-0133P

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)	Fee (\$)	Fee (\$)
	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
25	- 20 = 5	x _____	= 250.00			

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
3	- 3 = 0	x _____	= 0		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x _____	=	Fee Paid (\$)

4. OTHER FEE(S)	Fee Paid (\$)
1202 Extra Claims (5)	250.00
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00

SUBMITTED BY	
Signature	<i>James T. Eller, Jr.</i> #41458
Name (Print/Type)	James T. Eller, Jr.